

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTAL HYGIENE CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department at the above address.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Birth:

 / /

Social Security #: (voluntary-for school's use in locating your records)

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I hereby authorize the school named below to provide the Department with the information requested below.

Applicant Signature

 / /

Date

SCHOOL/COURSE PROVIDER: Certify completion after the applicant named above has actually graduated and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscreddentistry@wisconsin.gov.

Name of School/Institution:

Location of School/Institution: (city, state)

Type of Degree Awarded:

Major:

Date of Completion:

 / /

(anticipated dates of graduation will not be accepted)

Signature of Dean or Department Head

 / /

Date

Title